VILLA MARINA HEALTH & REHAB CENTER

35 N 28TH ST

SUPERIOR	54880	Phone: (715) 392-3300	)	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	72	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	72	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	70	Average Daily Census:	70

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41.4	
Supp. Home Care-Personal Care	No					1 - 4 Years	41.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.3	More Than 4 Years	17.1	
Day Services	No	Mental Illness (Org./Psy)	17.1	65 - 74	5.7			
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	28.6		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.7	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent		
Congregate Meals No		Cancer	4.3			Nursing Staff per 100 Residen		
Home Delivered Meals No		Fractures	12.9		100.0	(12/31/04)		
Other Meals	Yes	Cardiovascular	34.3	65 & Over	95.7			
Transportation	No	Cerebrovascular	12.9			RNs	9.4	
Referral Service	No	Diabetes	2.9	Gender	%	LPNs	9.9	
Other Services	No	Respiratory	0.0	İ		Nursing Assistants,		
Provide Day Programming for	ĺ	Other Medical Conditions	14.3	Male	18.6	Aides, & Orderlies	41.8	
Mentally Ill	Yes			Female	81.4			
Provide Day Programming for	ĺ		100.0	İ				
Developmentally Disabled	No			İ	100.0	İ		

## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Private Other Pay			2	F		Managed Care										
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	6	13.6	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	8.6
Skilled Care	10	100.0	283	38	86.4	135	0	0.0	0	16	100.0	173	0	0.0	0	0	0.0	0	64	91.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		44	100.0		0	0.0		16	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12,	31/04
Deaths During Reporting Period	 		Total				
ercent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	2.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent -	Residents
Private Home/With Home Health	0.0	Bathing	1.4		85.7	12.9	70
Other Nursing Homes	0.0	Dressing	25.7		67.1	7.1	70
Acute Care Hospitals	97.9	Transferring	32.9		54.3	12.9	70
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.6		58.6	12.9	70
Rehabilitation Hospitals	0.0	Eating	65.7		31.4	2.9	70
Other Locations	0.0	   **********	*****	*****	******	******	******
otal Number of Admissions	146	Continence		8	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	10.0	Receiving Resp	iratory Care	10.0
Private Home/No Home Health	45.9	Occ/Freq. Incontiner	it of Bladder	32.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	14.9	Occ/Freq. Incontiner	it of Bowel	15.7	Receiving Suct	ioning	0.0
Other Nursing Homes	3.4	į -			Receiving Osto	my Care	8.6
Acute Care Hospitals	10.8	Mobility			Receiving Tube	-	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	28.6
Rehabilitation Hospitals	1.4	į -			_	-	
Other Locations	2.7	Skin Care			Other Resident C	haracteristics	
Deaths	20.9	With Pressure Sores		2.9	Have Advance D	irectives	25.7
otal Number of Discharges		With Rashes		7.1	Medications		
(Including Deaths)	148				Receiving Psyc	hoactive Drugs	60.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************************************												
		Own	ership:	Bed	Size:	Lic	ensure:					
	This	Pro	prietary	50	-99	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	88.5	1.10	89.0	1.09	90.5	1.07	88.8	1.09			
Current Residents from In-County	95.7	80.0	1.20	81.8	1.17	82.4	1.16	77.4	1.24			
Admissions from In-County, Still Residing	19.9	17.8	1.11	19.0	1.04	20.0	0.99	19.4	1.02			
Admissions/Average Daily Census	208.6	184.7	1.13	161.4	1.29	156.2	1.34	146.5	1.42			
Discharges/Average Daily Census	211.4	188.6	1.12	163.4	1.29	158.4	1.34	148.0	1.43			
Discharges To Private Residence/Average Daily Census	128.6	86.2	1.49	78.6	1.63	72.4	1.78	66.9	1.92			
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11			
Residents Aged 65 and Older	95.7	92.4	1.04	93.7	1.02	91.8	1.04	87.9	1.09			
Title 19 (Medicaid) Funded Residents	62.9	62.9	1.00	60.6	1.04	62.7	1.00	66.1	0.95			
Private Pay Funded Residents	22.9	20.3	1.13	26.1	0.88	23.3	0.98	20.6	1.11			
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00			
Mentally Ill Residents	18.6	31.7	0.59	34.4	0.54	37.3	0.50	33.6	0.55			
General Medical Service Residents	14.3	21.2	0.67	22.5	0.63	20.4	0.70	21.1	0.68			
Impaired ADL (Mean)	39.7	48.6	0.82	48.3	0.82	48.8	0.81	49.4	0.80			
Psychological Problems	60.0	56.4	1.06	60.5	0.99	59.4	1.01	57.7	1.04			
Nursing Care Required (Mean)	7.3	6.7	1.10	6.8	1.07	6.9	1.06	7.4	0.99			